

Agency Travel Card Program

Annual Cardholder Review Certification

MEMORANDUM

TO: Charge Card Administration
Department of Accounts

FROM: _____, Travel Program Administrator

Agency: _____

Agency Number: _____

SUBJECT: **Annual Travel Cardholder Review**

I have completed my agency's Annual Agency Travel Card cardholder review for the period of [Month] [Day], [Year] to [Month] [Day], [Year]. If there were any cardholders whose accounts needed a change such as they no longer had a need for a card, their cards were cancelled; or any limits needed adjusting, they were adjusted per State guidelines. Any limits needed above State Guidelines, were requested of DOA.

Signed by the Travel Program Administrator:

Signature: _____

Typed Name: _____

Title: _____

Date: _____

Please fax completed form to:

Attention: Charge Card Administration at (804) 786-9201